

# BEST AVAILABLE COPY

ASSISTANT STAFF AREA (for additional copies reference)

RECEIVED	INITIALS	ID NO.	DATE
PER DETERMINATION OLP CLASSIFIED FORMALITY REVIEW RESPONSE FORMALITY REVIEW	[Handwritten initials]	[Handwritten ID NO.]	[Handwritten DATE]

## INDEX OF CLAIMS

- |   |                              |   |              |
|---|------------------------------|---|--------------|
| ✓ | Rejected                     | 8 | Non-elected  |
| • | Allowed                      | 1 | Interference |
| • | (Through number 4) Cancelled | A | Appeal       |
| • | Restricted                   | 0 | Objected     |

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
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If more than 150 claims or 10 actions  
 staple additional sheet here

11 EPT RESUME